WIOA Title I Youth Self-Attestation Form					
Applicant Information:					
ast Name: First Name:			Middle Initial:		
Address:	City:	State:	Zip:		
Individuals entering WIOA services may self-attest to the information below:					
<sup>1</sup> Are you homeless or did you run away from h	ome?	Y	es 🗌	No	
2 Are you pregnant or currently parenting a child?		Y	es	No	
<ul> <li>Are you an offender?</li> <li>Defined by the WIOA Section 3(38) as an adult or juvenile who is or has been</li> <li>3 subject to any stage of the criminal justice process, and for (A) whom services</li> <li>Yes</li> <li>No</li> <li>under this Act may be beneficial or (B) who requires assistance in overcoming</li> <li>artificial barriers to employment resulting from a record of arrest or conviction.</li> </ul>					
4 Are you a school dropout?		Ye	es 🗌	No	
5 Are you a low-income individual?		Ye	s 🗌	No	
Applicant statement regarding low-income status:					
Self-Attestation Statement:					
I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.					
SIGNATURE OF PARTICIPANT DATE					
Witness Corroborating "Runaway" or "Home	less" Status Statement:				
I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.					
SIGNATURE OF CORROBORATING WITNESS DATE X					
Staff Verification Statement:					
I certify that the individual whose signature appears above provided the information recorded on this form.					
GIGNATURE OF STAFF DATE					